

FAX TRANSMITTAL		
To: TLAC Support Office	From	
Dept: Region 15 Portability	Phone #	
Fax # 706-787-3024	Fax #	

TRICARE PCS Transfer Form

	When PCS Transferring, complete and fax to the number listed above during outprocessing, OR, whentraveling away from your host country for more than 60 days.	
SPONSOR INFORMATION	Last Name:	
	Last 4 digits of Social Securi	ty Number:
	Current Duty Station:	
	Date of Departure from Overseas Assignment:	
NSOF	New Duty Station Information	
SPO]	Approximate Arrival Date at New Location:	
	New Location/Command:	
		-
	List Family Members That Are Also Relocating and Departure Date:	
MBER TON	Spouse:	Transfer Date:
	Child 1:	Transfer Date:
FAMILY MEMBER INFORMATION	Child 2:	Transfer Date:
AMIL INFO	Child 3:	Transfer Date:
E.	Child 4:	Transfer Date:
	Child 5:	Transfer Date:
Please call the TLAC Support Office toll free at 888-777-8343 option # 3, or commercial 706-787-3340, 8057 or 3020, if you have questions.		
"I understand that to remain enrolled in TRICARE Prime, I must act to transfer my enrollment as soon as I arrive at my next duty station or residence. I further understand that my family and I will be disenrolled from TLAC Prime 60 days from my overseas departure date should I not transfer my enrollment."		
		Signature of Active Duty Sponsor or Spouse Listed Above